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DATE: May 13, 2004

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NUMBER OF PAGES (including this page): 8

EMAIL: bbornsen@dsoblaw.com

TO: Mail Stop Amendment
Commissioner for Patents

TELEPHONE:

RE: Application No. 09/750,629
File Date: 12/28/2000
Inventor: Yuanlong Wang
Group Art: 2112
Examiner: Kim T. Huynh
Attorney Docket No. 00CXT0785N

FAX: 703-872-9306

MESSAGEAttachments: Transmittal Form – 1 page
Response to Office Action – 6 pages


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/750,629	
	Confirmation Number	7116	
	Filing Date	12/28/2000	
	First Named Inventor	Yuanlong Wang	
	Art Unit	2112	
	Examiner Name	Kim T. Huynh	
Total Number of Pages In This Submission	7	Attorney Docket Number	00CXT0785N

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account 502622 for any required fees.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brett L. Bornsen, Reg. No. 48,566
Signature	
Date	5-13-04

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Linda L. Leonard		
Signature		Date	5/13/04

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